

031704 17607 U.S. PTO

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22859 U.S. PTO  
10/802465  
031704

**PATENT**

Attorney Docket No. **AMP-6967**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Anthony M. Passalacqua**

For (title): **METHOD AND SYSTEM FOR CREATING AN IMAGE  
OF A RADIATION SOURCE**

**Enclosed are:**

**1. Papers Required for Filing Date Under 37 CFR 1.53(b):**

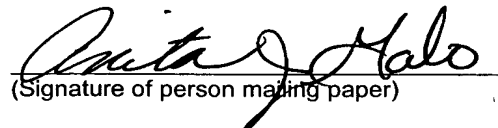
- 19 Pages of specification
- 1 Pages Abstract
- 4 Pages of claims
- 3 Sheets of drawing
- ☒ formal (Figs. 1-6)
- ☐ informal

In addition to the above papers there is also attached: **An Information Disclosure Statement (2 pgs.);**  
**PTO-Form 1449 (1 pg.) citing THREE (3) References.**

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **March 17, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **ET-035757762US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Anita J. Galo**  
(Type or print name of person mailing paper)

  
(Signature of person mailing paper)

**2. Declaration or oath:**

☒ Enclosed (Executed)

☐ Not Enclosed.

**3. Language:**

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

**4. Assignment:**

☐ An assignment of the invention to \_\_\_\_\_

☐ is attached.

☐ will follow

**5. Certified Copy:**

Certified copy (ies) of application (s)

_____	_____	_____
(Country)	(Appln. No.)	(Filed)

_____	_____	_____
(Country)	(Appln. No.)	(Filed)

_____	_____	_____
(Country)	(Appln. No.)	(Filed)

from which priority is claimed

☐ is attached

☐ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed		Number Extra	Rate	Basic Fee
				\$ 385.00
Total Claims	22	-20 =	2 X \$ 9.00	18.00
Independent Claims	2	- 3 =	0 X \$ 43.00	0.00
Multiple dependent claim(s), if any			0 + \$145.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$403.00**

7. **Small Entity Statement**

- ☒ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$403.00**
- ☐ assignment recordal fee \$ \_\_\_\_\_
- ☐ for processing an application with a specification in a non-English language \$ \_\_\_\_\_

**Total fees enclosed \$403.00**

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$403.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 36,029

James L. Tarolli  
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